

Blue Cross & Blue Shield of Rhode Island Hospital Contract Rate Increase Attestation

The undersigned declares that, to the best of her knowledge and belief, after diligent inquiry, the statements in this document and any attachments or information submitted to the Rhode Island Office of the Health Insurance Commissioner ("OHIC") in connection with this attestation are true and complete.

OHIC issued some Hospital Contracting Conditions ("Conditions"), which Blue Cross & Blue Shield of Rhode Island ("BCBSRI") accepted on or around July 2, 2010, in conjunction with the OHIC approval of the BCBSRI premium rate increases. Specifically, the six conditions were on the subject of: (i) using unit of service payment methodologies; (ii) the limit on rate of increase to no more than the CMS National Prospective Payment System Hospital Input Price Index; (iii) the ability for hospital to earn additional increase through quality programs; (iv) the inclusion of obligations for greater administrative efficiencies; (v) the promotion of improved clinical communications between providers; and (vi) the relinquishment of the right to contest the public release of any and all of the five specific terms of the Conditions by state officials or the participating parties.

I hereby attest that the following hospital contract(s) which have been executed since BCBSRI's acceptance of the Conditions meet all of the Conditions.

Hospital: Rhode Island Hospital, Miriam Hospital, Newport Hospital, Bradley Hospital

Term: January 1, 2011 – December 31, 2011

Form of Agreement: Amendment to earlier Agreement

Inpatient Payment Methodology: DRG (except Bradley) by 10/1/11

Outpatient Payment Methodology: APC (except Bradley) by no later than 12/31/11

Signed:

Date:

D Coleman 10/01/2010

Dorothy Coleman
Executive Vice President & Chief Financial Officer